

Chan, Judy 2021

Judy Chan Oral History

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Judy Chan

Behind the Mask: June 11, 2021

DV: Great. Good morning. Today is June 11, 2021. My name is Devon Valera, and I'm a student assistant with the Office of NIH History and Stetten Museum. Today I have the pleasure of welcoming Judy Chan Nurse Practitioner with NIH Occupational Medical Services. Thank you for talking to me today.

JC: No problem. My pleasure.

DV: Great. So we are focusing in the interview on COVID. But I'm also curious as to what your job before the pandemic or just in general looks like at the NIH? What does it mean to be a nurse practitioner?

JC: Well, that's a good question, because I actually started at NIH at the end of February 2020. I was in orientation for three weeks when my orientation was put on hold so I can help with manage COVID. That's what I've been doing since then. I still haven't learned my real job yet.

DV: Oh, that's so interesting. So during the course of the pandemic, what has your job looked like? Would that be? Has it changed from what from what you expected?

JC: Well, when I first 3 weeks of starting at NIH, I was reading lots of policies, and trying to figure out the flow of the Occupational Medical Services. That was interrupted with the COVID and orientation was halted. My job has been working on keeping NIH workers safe from COVID.

DV: Oh, wow. So have you been working in the Clinical Center, has that been working directly with patients?

JC: Actually, I've been working with the different COVID teams that were created since the pandemic. The COVID Call Center was created due to the number of phone calls OMS was receiving regarding symptoms and possible exposures. Soon after, The negative team was created for those who test negative, so there's follow up with employees who test negative through NIH. They would be given the results and instructions on when they returned back to work. We also created the Positive Team for those who test positive. The positive team would follow-up with employees once contact investigation team has completed their interview and determine those who have been exposed to the employee who tested positive. The positive team will follow-up with employees who test positive and until they are cleared to return to work. In addition, we have a Returned to Work Team, they return those that were not ready to return to work with the negative team and now ready. So I oversee all of those different teams that we created. So it's kept me very busy.

DV: Wow. Yeah. And so yeah, as to the occupational side, it's definitely it seems more like dealing with the employees at the NIH. Very interesting. So I had a question about changes in operation, but it seems like of the before and after [the pandemic], you mostly have seen the after side.

JC: Many of the services were put on hold. So that we could focus on the COVID pandemic because that's what our main goal was, to keep NIH safe and to decrease the number of cases that we have, an index preventing exposures.

DV: Did you have anything to do with advice on when to come into work or those who some way do telework?

JC: Yes, when the COVID Call Center receives phone calls regarding return to work and have questions about it, either I would be called, COVID Call Center, or one of the OMS physicians if they had questions regarding the phone call they received.

DV: And the call center is based in the NIH, right? So did you have to do any telework?

JC: The COVID Call Center started out in FAES rooms and then moved to telework. I've never done telework before. But yeah, I was doing some telework up until the time we started doing the Vaccine Clinic. So then I was coming in, like, six days a week.

DV: Wow.

JC: Yeah. And then working from home on the weekends, too.

DV: Oh, wow. Seven days a week. Plenty of work. And before we do go on to talking about the Vaccine Clinic is there anything in the larger field of occupational health and medicine that has changed because of COVID-19?

JC: OMS staff rotate teleworking days and the number of staff working in OMS decreased. Some of the services have been converted to virtual. So they're able to do some of the work virtually, but those that can't be done virtually, another appointment is made for them to come into the office and be seen. We still see workers for injuries or exposure in the office.

DV: Okay, great. And so turning to the Vaccine Clinic, as you mentioned, it sounds like a lot of work. What was your role?

JC: At first, I served as the chief of operations along with 2 other Public Health Officers. And then the OIC, Dr. Derek Newcomer, he's a Public Health officer, got deployed. So I took over his position, and basically oversaw the clinic activities.

DV: Wow, that sounds like quite a lot of logistics and stuff like that.

JC: A lot of moving parts. But I still had other people. If I had issues, I still would ask Dr. Derek Newcomer, if I had any issues, or Dr. McCormick as well.

DV: So is that just more making sure everything moves smoothly? Or did you write policies as well and sort of as things changed and updated?

JC: Well, we did that. Like we basically wrote SOP [Standard Operating Procedure] on the process. My main goal was to make sure that we didn't waste any dosages, and make sure that the clinic runs smoothly. And if there's any issues or any concerns from employees, or other workers, contractors, then they would come to me if they have any questions or anything.

DV: And I was doing some poking around online and saw... Were you the one who gave Kamala Harris her vaccine?

JC: Yes, that was very cool.

DV: What was that like?

JC: Oh, it was quite an experience. I've never done anything like that before. I wasn't nervous about giving her the vaccine. But when you have the press coming in, and they're snapping pictures of you. You could see all the flashes and stuff and get blinded by them, but it was a great experience. I really enjoyed it.

DV: Cool. Did you normally give vaccines? Or is that special?

JC: I started giving out vaccines when the clinic started when we had limited staff until we had adequate staff. We couldn't have done without all the PHS [Public Health Service] officers and the volunteers that helped us throughout this clinic. And I would if I needed to give vaccines, I would jump in and give vaccines. Or like the check-in to check-out area. So I knew how the whole operation works. So I could jump in anywhere whenever I was needed.

DV: That's great.

JC: Yeah. And having such a big name come and visit—I think NIH definitely had a lot of eyes on it.

DV: And especially having politicians come through the Vaccine Clinic must be very, very different than business as usual.

JC: Exactly. It was very exciting.

DV: That's great. Do you have any other very memorable experiences during this time?

JC: I'm gonna miss working at the clinic because yesterday was our last day down at the at the clinic in the B1 level cafeteria because we're now moving it to the OMS Occupational Medical Service, that we're going to be doing it on Thursdays from nine until 10:50. But what I'm going to miss most is working with everybody that I've worked with, that came across at the clinic, because I never would have met them if I didn't work down at the clinic and I felt like we all bonded because we all started the Vaccine Clinic together and we all ended it together. So I'm going to miss them and miss like us working as a team. We all treated everybody equally, like nobody one was better than the other because of work experience, or the level of education. We all treated everybody with respect. I've never worked with an area that everybody worked together like this. And if they knew I was really busy, they were trying to take stuff away from me to help me out. They're like, "What can I do for you?" So it's, I mean, you don't even have to ask anybody, people will come to you and ask if you need anything. Really great.

DV: Yeah, we were talking to someone else from the Vaccine Clinic and he was talking about how the camaraderie was the most important in keeping up morale. So it sounds like a great team.

JC: It is, it was a great team and we received great support from leadership. And we had very short notice to plan this clinic. Because, when we told we were going to do the clinic. So we didn't really have a real plan in place until, I mean, we kind of did, but we didn't have all the staff and stuff that we were planning. So we had the PHS officers deployed to us, which we couldn't have done it without them. But we learned from everything that we've done, because we would improve on it as the clinic went; if something didn't work out, we would make changes and make improvements. Because we got to see all the changes that we've made throughout the clinic.

DV: Yeah, that's something I was actually curious about, since you've seen it from start to end, and as from my side, it seems like information about COVID about vaccines and about the best way to do it, it changes so much as people learn more. So how was it watching the course from the back end, but also the people who come in and the attitudes towards the vaccine?

JC: I mean, everybody was so appreciative, that we were doing it for them. We got, it was mainly like compliments, everybody was thanking us, thank you for doing this for us. And that made us feel really, really good.

DV: Yeah. And so what kind of logistical stuff changed? Was that sort of processing, bringing people in?

JC: The process. we had our observation area, then we decided we needed an observation booth so that would give the person more privacy, if somebody had a history of passing out or they have a history of anaphylaxis or be at higher risk for developing a reaction. So we would monitor them a little bit better. And if somebody was to have an anaphylaxis, we would move them over there to be monitored. And if we had to call the code team, a lot of people don't even know we're calling it because we're kind of hidden back there. So that that helps in regards to patient confidentiality. And we also increased the number of vaccines given in a day because the first day we started with maybe 100 vaccines to start so we could figure out the flow. And then the most we did in one day was close to 700.

DV: Oh, my goodness, yeah. That's a lot of people to be coming.

JC: And then we started out giving out just Moderna [vaccine]. And then we added Pfizer. So then we had to have a plan on how we're going to administer it at the same time and preventing medication error. Because we're all kind of nervous about giving two different vaccines, and then we end up adding J&J on top of it. So then we have three vaccines. But it all worked out fine.

DV: I'm always kind of curious about, especially when the vaccine started rolling out, talking about how to store them as well, is that a problem?

JC: Because it they have to be certain temperatures. The pharmacy did the storing part of it. And then the day before the next clinic, I would do a count how many doses we have scheduled for that day. And then I would email the pharmacy, and the management team, for the COVID vaccine, like our numbers and how many vaccines, how many vials we may need them to bring the next morning so that we can start. With Pfizer, we have to dilute them which takes time. With the Vaccine Clinic and the COVID response teams, I think really shows how well all the different departments and interdisciplinary elements of the NIH is also behind the scenes with it. They did amazing job. We couldn't have done it without them.

DV: That's so cool. So did they handle like a portal and stuff? Or?

JC: We had a system that was created to schedule appointments, checking workers in, administering the vaccine, waitlist for those wanting to be vaccinated earlier if we had extra doses. That had to be done in a very short period of time. Yeah. Custom built.

DV: Do you have any, anything else you'd like to add about the Vaccine Clinic? Or?

JC: I mean, that's just basically my favorite thing that I have done; it's really one of the top highlights of my nursing career. I really enjoyed it. And it's, I'm gonna miss it.

DV: Oh, it's great. And do you have any reflections on the past year, both at the NIH, or maybe in your personal life, looking at the pandemic?

JC: Well, I never pictured that we were going to be, and I was going to live through, a pandemic and we have to wear a mask everywhere we go. And not being able to see my friends. And some of my family, because I was trying to be very careful, because I didn't want to expose anybody. So I was always washing my hands, wearing a mask. And I would just really not go anywhere besides work and going to the grocery store. So those are the only two things that I would be doing. So, plus working like I was working, like I said, work every day, so I didn't really have much of a life anyway. So I would come home and if I was at work on campus, I'd come home and still work at night. And sometimes I would stay, like when we when our numbers are really high, I would stay up really late at night and work. So because I know some people, they said, "Really, you sent an email like really late at night, should you be sleeping?" But I was very careful about just not going out a lot. And I just really didn't want to expose anybody. And then now even with the lessening about wearing the mask and stuff, I still continue to wear masks wherever I go. Just to be on the safe side.

DV: Yeah, definitely. It's not quite over yet.

JC: Yes, exactly.

DV: And my final question is, what are you looking forward to? It seems like this past year the clinic has been lots of fun, but do you have any sort of anticipation of what work might change and look like, what the new clinic is going to look like or, or maybe what your job is going to look like in the future?

JC: Since our first day of the clinic will be on the 17th, I've been planning how that's going to be and actually have a meeting after this to go over what I envision, how it's going to be on that day, and I want to make sure everybody is prepared for holding of the Vaccine Clinic in our office. And then I'm still going to continue doing the other stuff I've been doing with the other COVID teams and helping out, and hopefully I'll be able to learn what my role is in OMS. I know one of my roles is supposed to be the technical representative. But I still need to know what that role is gonna be. But I mean, I'll take some time. But I'm looking forward to learning about it.

DV: Certainly, do you have the people you're working with at the Vaccine Clinic? Are they also going to make the move? Or do you have a sort of new team?

JC: No, it's just going to be our OMS staff, even though some of them did work downstairs when we needed them, but it's going to be mainly our staff on OMS and staff from DOHS as needed.

DV: Great. So thank you for talking with me. Do you have anything else you'd like to add about OMS or the Vaccine Clinic in general?

JC: No, no, I think I told you everything.

DV: Yeah, I mean, it sounds like it was a lot of work, but also very rewarding.

JC: I mean, because even though I worked a lot of hours, it to me, it wasn't like, "Oh, I don't want to go to work." The next day, I looked forward to coming in, every day, going to the clinic. It wasn't a day where I dreaded coming to work.

DV: I'm sure having people like you who are really dedicated and enthusiastic about it must make it so much better. Thank you so much for talking to me this morning.